

**TRANSMITTAL FORM**

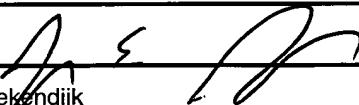
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Application Number	10/507,336
		Filing Date	February 18, 2000
		First Named Inventor	Scott C. Anderson
		Art Unit	3739
		Examiner Name	David M. Shay
		Attorney Docket Number	003-005-CP

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85 Response to NOA Confirmation postcard
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b>	The Commissioner is authorized to charge any additional fees to Deposit Account 50-1247.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Signature			
Printed name	Jens E. Hoekendijk		
Date	June 14, 2005	Reg. No.	37,149

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Erica L. Canonizado	Date	June 14, 2005



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : ANDERSON et al.  
 Serial No. : 09/507,336  
 Filed : February 18, 2000

Art Unit : 3739  
 Examiner : David M .Shay  
 Confirmation No.: 7956  
 Notice of Allowance Date: March 14, 2005

Title : APPARATUS AND METHOD FOR ABLATINT TISSUE

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE**

In response to the Notice of Allowance mailed **March 14, 2005**, enclosed is a completed issue fee transmittal form PTOL-85.

Please apply all appropriate **LARGE ENTITY** charges or credits to our Deposit Account No. 50-1247.

Respectfully submitted,

Date: June 14, 2005

  
 Jens E. Hoekendijk  
 Reg. No. 37,149

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**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

June 14, 2005

Date of Deposit

Erica L. Canonizado